Name in Full B. I Amager

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 8 Month Dec. Day 8 Age Y. M. D. Native of — Occupation Wood carver

Male White (3) Married Widow (2) Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of ~~(2)~~

Wife

Father's Name (2)

Mother's Name (3) 147

Cause of Death Primary Intoxicated Lying out over night

Immediate Exposure to Cold

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Levin Nett

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 12-8-1898
at 4 P.M.

Name in Full

Certificate of Death

Harriet B. Anderson

Died at Town: Near Buckeystown County: Frederick MARYLAND

Date 189 8 Month: Dec Day: 24 | Age Y. 72 M. 10 D. 20 | Native of Maryland | Occupation Home Work

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living one

~~Husband~~ Wife of James Rich Anderson

Father's Name John Robert Dade

Mother's Name Mary O. Buchanan

Cause of Death: Primary Chronic Bronchitis with Pulmonary Phthisis. How long sick Several years

Immediate Exhaustion 22 a

~~Accident, Suicide, Homicide~~

Reported by Corin Wesh

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Katharine Baker

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 189 6 Month: 12 Day: 12 Age: Y. 7 M. 8 D. 14 Native of Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Chas. H. Baker Mother's Neme

Cause of Death: Primary: Membranous croup How long sick: 8 d

Immediate

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle

Address 12-23

Must be signed by physician, if any in ettendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 78706

+ Rectory 1-4

St. Joseph's Catholic Church

Name in Full Lula May Beaver

Certificate of Death Beaver

Died at Town Brunswick County Frederick MARYLAND

Date 189 8 Month Dec Day 26 Age Y. 2 M. 5 D. Native of Md Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Jno H. Beaver

Mother's Name Sarah Brown

Cause of Death Primary Heart Trouble 57 How long sick Since Birth

Immediate " " ~~Accident, Suicide, Homicide~~

Reported by Lewis West. Md

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received 12-26-1898

2-45 P.M.

Name in Full

Certificate of Death

David Berter

Died at near Rocky Ridge (Town) Frederick (County) MARYLAND

Date 189 8 12 3 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 145 d

Cause of Death Primary Killed by train

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Banner of Liberty 12-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

+ Dr. Y. S. Bowen, Wash. Washington
1-4

Name in Full John Henry Bittle — Certificate of Death

Died at Town Ellerton — County Frederick — MARYLAND

Date 189 Month 12 Day 25 — Y. 67 M. D. — Native of — Occupation

Male / ~~Female~~ — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Heart trouble 5-7 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Banner & Liberty 1-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catherine Boyer — Certificate of Death

Died at Mt Pleasant District — Town — County Frederick — MARYLAND

Date 1898 Month 12 Day 7 | Age Y. 82 M. D. | Native of Frederick Co | Occupation Housewife

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

~~Husband~~ Wife of Peter Boyer

Number of children living 6.

Father's Name Don't Know — Mother's Name Don't Know

Cause of Death: Primary — Ulcer of Stomach — How long sick 4 weeks

Immediate — Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by J W Downey M.D.

Address New Market Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Sarah Brown — Certificate of Death

Died at Libertytown — Town — County Frederick — MARYLAND

Date 1896 — Month 12 — Day 29 | Age Y. 35 M. — D. — | Native of Md | Occupation Servant

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 3

~~Husband~~ Wife of Stephen Brown

Father's Name Nelson Frederick — Mother's Name Unknown

Cause of Death — Primary Grippe — How long sick 8 days

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by O.B. Stone

Address Libertytown, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

James Leroy Collier, Infant

Certificate of Death

Died at Brunswick (Town) Frederick (County) MARYLAND

Date 189 8 — Month 12 - Day 11 — Age Y. 1 - M. 10 - D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name F. H. Collier

Mother's Name Alma Collier

Cause of Death — Primary: Gastritis with Hepatic

Immediate: Complications 81

How long sick

Accident, Suicide, Homicide

Reported by Dr. Geo. Elgin

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Received, 12-12 98
1 P.M

Name in Full

Certificate of Death

Josepha Cramer

Died at Thurmont (Town) Frederick (County) MARYLAND

Date 189? Month 12 Day 20 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Banner of Liberty 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65FEB

Name in Full

Certificate of Death

Minnie Viola Darr

Died at Town Brunswick County Frederick MARYLAND

Date 189 8 Month Dec Day 29 Age Y. 1 M. 6 D. Native of American Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name Flora May Darr

Cause of Death Primary 8a How long sick 6 days

Immediate Diphtheretic Croup Accident, Suicide, Homicide

Reported by A. G. Horine

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960

Received. 12-29-89
10 PM

Name in Full Noble Dean. Certificate of Death

Died at Town Point of Rocks. County Frederick Co. MARYLAND

Date 189 Month Nov. Day 20 | Age Y. 62 M. — D. — | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Husband~~ Wife of Jane Dean

Number of children living 4

Father's Name Ignatius Dean

Mother's Name Annie Plummer

Cause of Death: Primary Sarcoma of the face. How long sick 9 months

Immediate Exhaustion

~~Accident Suicide Homicide~~

Reported by T. B. Johnson

Address Adamstown, Md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

William Deberry

Died ~~at~~ Town near Loys County Frederick MARYLAND

Date 189 8 Month 12 Day 2 Age Y. 82 M. 8 D. Native of Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary General debility 153 How long sick

Immediate Accident, Suicide, Homicide

Reported by Banner of Liberty 12-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full Rosanna Dudderar

Certificate of Death

Died at Town Unionville County Frederick — MARYLAND

Date 1898 Month Dec. Day 9 Age Y. 63 M. 7 D. 2 Native of Md Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George W. Dudderar Mother's Name Barbara Eury

Cause of Death Primary Phthisis Pulmonalis for years. In bed one week

Immediate Hemorrhage from lungs 22a

How long sick

~~Accident, Suicide, Homicide~~

Reported by Thomas P. Suppington M.D.

Address Unionville Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Michael William Faut

Died at Town: Frederick | County: Fred Co | MARYLAND

Date 1898 | Month: Dec | Day: 19 | Age Y. 80 M. 1 D. 1 | Native of | Occupation: Farmer.

Male | White | Married | Widow | Divorced

Female | Colored | ~~Single~~ | Widower | Number of children living

Husband ~~Wife~~ of Miss Marlow

Father's Name | Mother's Name

Cause of Death: Primary General Debility & Brain Softening | How long sick: 3 years.

Immediate Exhaustion 43 | Accident, Suicide, Homicide

Reported by W. G. McComas

Address Frederick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Fernald Lock
Mt Ahmed - Cambridge

Name in Full

Certificate of Death

Samuel. Fogle

Town

Died at West Falls County Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8	12	7	Age 88		Md	Retired

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Sarah Fogle (deceased)

~~Wife~~

Father's Name do not know

Mother's Name

Cause of Death — Primary: Cardiac disease — How long sick: 3 months

Immediate: Ascites followed by Exhaustion

Accident, Suicide, Homicide

Reported by David M. Derlbus

Address Woodville Md Rte Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65064

Name in Full Baltzer Fox. Certificate of Death

Died at Town Johnsville County Frederick MARYLAND

Date 189 8 Month Dec Day 13 Age Y. 67. M. 10. D. 7. Native of Maryland Occupation Farmer.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband of Wife

Father's Name Jacob Fox Mother's Name Mary E. Fox -

Cause of Death Primary Cancer of Stomach 25 b How long sick 4 months

Immediate Exhaustion ~~Accident Suicide Homicide~~

Reported by J. Thomas Sim.

Address Libertytown Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Certificate of Death

Lulu Hahn

Died ~~at~~ Town near Ridgeville County Frederick MARYLAND

Date 189 8 Month 12 Day 7 Age Y. 17 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name John Hahn Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Banner of Liberty 12-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Buried at Pine Grove

Name in Full — Certificate of Death

Mrs. Matilda Hessong

Town — County

Died at Walkersville Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec	9	69			Md.	Farmer's Wife

Date 1898

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

Number of children living 7

~~Husband~~ Wife of John Hessong

Father's Name — Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick: 6 days

Immediate: Congestion of the lungs

~~Accident, Suicide, Homicide~~

Reported by James A. Fox Undertaker

Address Walkersville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878

Attended by Dr. Harbor
of Smithsburg Md.

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from Peter Bear
of Wolfville Frederick Co. Md.

Name in Full Certificate of Death

Matilda Hessong

Died at Town Good Hope County Frell Co. MARYLAND

Date 1898 Month Dec. Day 9 Age Y. 69 M. 10 D. Mo Native of 24 days Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~ Now

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife John Hessong

Father's Name Georg Kline Mother's Name Elizabeth Kline

Cause of Death Primary Bilious Cholera How long sick

Immediate Pneumonia Accident, Suicide, Homicide

Reported by J. L. Parbor

Address Sue Tisbury Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificata of Death

Elsie M. Hoover

Died At Town near Ellerton County Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1898 12	6	Age 1		16		

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Cyrus H. Hoover

Mother's Name Media E. —

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Banner H. Liberty 12-16.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Annie Louisa Huffer

Died at (Town) near Middletown, (County) Frederick Co., MARYLAND

Date 1898, Month Dec. Day 31 Age Y. 6, M. 10, D. 8. Native of Md. Occupation ---

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ---

Father's Name Jacob S. Huffer Mother's Name Emma E. Huffer

Cause of Death: Primary La Grippe; Immediate Meningetis

How long sick 14 days

~~Accident, Suicide, Homicide~~

Reported by E. L. Berkley M. D.

Address Middletown Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Amos David Huffer

Died at Town: Burkittsville County: Frederick MARYLAND

Date 189 8 Month: Dec Day: 10 | Age Y. 1 M. 11 D. 4 | Native of: Md | Occupation

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name 74

Cause of Death: Primary Congestion of Lungs | How long sick

Immediate | Accident, Suicide, Homicide

Reported by

Address C. N. Shittneck Burkittsville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Frederick Keller

Certificate of Death

Died at Montevue Hospital, Town near Frederick County Frederick MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	12	31	Age 83				

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living 1

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Banner & Liberty 1-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. T. J. Cross, Libertytown

Name in Full

Benjamin Kessler

Certificate of Death

Town

Died at Monrovia

County

Frederick

MARYLAND

Date 189 8 Month 12 Day 4-

Age Y. 92 M. 8 D.

Native of North Carolina

Occupation Retired Farmer

Male ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 1 f.

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Old age.

Immediate — Exhaustion.

How long sick

Several weeks

Accident, Suicide, Homicide

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Virginia Syngg

Town County

Died at Mt. St. Mary's Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1898 Dec. 17 Age 59 Maryland

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Henry Syngg

Father's Name Mr. Rider Mother's Name Mrs. Rider

Cause of Death

Primary Heart disease

Immediate " " 57

How long sick Dropped dead

~~Accident, Suicide, Homicide~~

OVER

Reported by L. Paul Reynolds

Address Mt. St. Mary's 6-30

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. + [illegible]

of Emmitsburg

The undertaker was + Mr. Shuff

of Emmitsburg

Information contained in this certific[illegible]

ceived from

of

Name in Full Barn McDonald

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 8 Month Dec Day 4th Age Y. 96 M. — D. — Native of Ireland Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ none

Husband Wife of Mary McDonald

Father's Name

Mother's Name

Cause of Death: Primary Old age, 141 How long sick 2 m

Immediate " ~~Accident, Suicide, Homicide~~

Reported by Wm West

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Received 12/1-1898
9.15 A.M

Name in Full

Certificate of Death

Frank P. McDonald

Died at Town: Frederick County: Frederick MARYLAND

Date 189 8 Month: Dec Day: 30th Age Y. 51 M. 4 D. 22 Native of U.S. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 1.

Husband / Wife of Harriet McDonald

Father's Name

Mother's Name 42

Cause of Death: Primary Cerebral Hemorrhage — How long sick 26. Days

Immediate Coma

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Wm H. Baetzell M. D.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PRESS

Name in Full Mrs. Susan Virginia Magraw — Certificate of Death

Died at near Town Emmitsburg County Frederick MARYLAND

Date 189 8 Month 12 Day 16 Age Y. 53 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Francis C. Magraw

Father's Name | Mother's Name

Cause of Death — Primary: Heart trouble & dropsy — How long sick

Immediate: 57 Yrs — Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle

Address 12-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

+ Rev. P. C. Kavanagh 1-4
St. Joseph's Catholic Ch.,

Name in Full: Alice Merriman

Certificate of Death

Died at Town: Knoxville County: Frederick MARYLAND

Date 189 8 Month 12 Day 27 Age Y. 11 M. 15 D. Native of Knoxville Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of

Father's Name: Ham

Mother's Name

Cause of Death: Primary: Convulsions 49 How long sick: 10 days

Immediate: Coma

Accident, Suicide, Homicide

Reported by: Dr Fisk Elgin

Address: Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Received 12-28-1898

T. P. M

Name in Full Alice Merryman

Certificate of Death

Died at Knoxville (Town) Frederick (County) MARYLAND

Date 189 Month Dec Day 27/98 Age Y. 11 M. 17 D. Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Hamilton Merryman Mother's Name Mollie Foster

Cause of Death Primary Spasms 49 How long sick 10 Days

Immediate Accident, Suicide, Homicide

Reported by [illegible]

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. (over) [illegible]

LIBRARY BUREAU, 65988

attending Phycian Dr Fisk Elgin

Information obtained from the father of Child

[illegible]

undertakers

Name in Full Elizabeth Muck

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 8 Month 12 Day 16 | Age Y. 73 M. 3 D. 3 | Native of Md | Occupation H K

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband Wife of X

Father's Name X

Mother's Name 57 X

Cause of Death: Primary Valvular Disease of Heart — How long sick 6 mos

Immediate Dropsy

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. F. Goodell M.D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Plumme Mussetter

Died at Town: Ijamsville County: Frederick MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 189 8 12 28 Age 87

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Banner & Liberty 1-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rev. David May, Near Market.
Buried in Mt. Olivet Cemetery

Name in Full Nellie Kate Oden

Certificate of Death

Town Frederick County Frederick

Died at Frederick MARYLAND

Date 189 8 Month 12 Day 26 | Age Y. X M. 5 D. 22 | Native of Frederick | Occupation X X X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of X X X X

Wife

Father's Name Melvin Oden

Mother's Name Mary Oden

Cause of Death: Primary Membranous Croup. How long sick 5 days

Immediate Suffocation 86 ~~Accident, Suicide, Homicide~~

Reported by W. A Long

Address 165 S. Market Street City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Daniel Reeder

Died at Middletown Town, Frederick County, MARYLAND

Date 189 8 Month 12 Day 25 | Age Y. 6 M. -1 D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Dropsy — 15-5a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Banner of Liberty 1-6-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75068

Name in Full

Certificate of Death

Susan Reeder

Died at Town: New Baltimore County: Frederick MARYLAND

Date 189 8 | Month 12 Day 24 | Age Y. 68 M. — D. | Native of Fred Co | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Daniel Reeder

Father's Name Peter Beakley

Mother's Name Eliz. Baer

Cause of Death: Primary Not-ascertained — died suddenly (How long sick)

Immediate Presumably Heart-disease

~~Accident, Suicide, Homicide~~

Reported by Dr. L. J. Davis

Address Boonsboro Maryland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Roger Rothenhoefer — Certificate of Death

Died at Town Yellow Springs County Frederick MARYLAND

Date 189 8 — Month 12 Day 24 — Age Y. 1 M. 2 D. 24 — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Wm. Rothenhoefer — Mother's Name 74

Cause of Death — Primary: Congestive H Lungs — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Banner of Liberty 1-5-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full Edward Shanks

Certificate of Death

Died at Town Myersville County Frederick MARYLAND

Date 189 Month 12 Day 30 | Age Y. 24 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married ~~Widow Widower~~ ~~Divorced~~ | Number of children living 2

Husband of

Wife

Father's Name

Mother's Name 39 a

Cause of Death: Primary Brain fever — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Banner of Liberty 1-6-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Joshua Slifer — Certificate of Death

Died at Town: Bolivar — County: Frederick — MARYLAND

Date 189 8 — Month: Dec — Day: 18 — Age: Y. 77 M. — D. — Native of: Md — Occupation: Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — Single — Widow — ~~Widower~~ — Divorced —

Number of children living one

Husband ~~Wife~~ of Annie Slifer

Father's Name: Gideon Slifer — Mother's Name: Mary Slifer

Cause of Death — Primary: How long sick 2 years — Immediate: General debility — ~~Accident, Suicide, Homicide~~

Reported by A. A. Lauder, M. D.

Address Middletown Fred, Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55555

Name in Full

Annie Stanton Stanton

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1898 Month 12 Day 4 | Age Y. 57 M. D. | Native of Maryland | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

~~Husband~~ Wife of Granbury Stanton

Father's Name | Mother's Name Catharine Doane

Cause of Death: Primary Heart disease & dropsy | How long sick 3 months

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by S. T. Hagan, M. D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full George Stitely

Certificate of Death

Died at ~~Town~~ near Thurmont County Frederick MARYLAND

Date 189 8 Month 12 Day 2 Age Y. M. D. Native of Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 142 E

Cause of Death Primary Shot himself through

Immediate the head

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Banner of Liberty

Address 128 Liberty town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Abram Trimmer

Certificate of Death

Died at Town: Montevue Hospital, County: Frederick Co MARYLAND

Date 189 8 Month 12 Day 7 | Age Y. 71 M. — D. — | Native of | Occupation

Male ~~Female~~ | White / ~~Colored~~ | Married ~~Single~~ | Widow \ Widower ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Apoplexy — 42 days — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Hoy S. Fahrney M.D.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Susan Warrenfeltz

Died at Town Wolfsville County Frederick MARYLAND

Date 1898 Month 12 Day 2 | Age Y. 75 M. D. | Native of Md | Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Daniel Warrenfeltz

Father's Name Lady. Mother's Name

Cause of Death: Primary La Grippe — 9 | How long sick 10 days

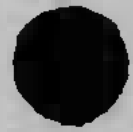
Immediate General debility — | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. C. Wheeler M.D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Mary Margaret Whetter

Certificate of Death

Died at Town Hag Pond County Indiana Co. MARYLAND

Date 1898 Month Dec Day 1 Age Y. 45 M. 2. D. 10 Native of Indiana Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of children living 9.

Husband / Wife of Frank Whetter

Father's Name

Mother's Name

Cause of Death: Primary Typhoid fever. 1 — How long sick 30 days.

Immediate Perforation — Accident, Suicide, Homicide

Reported by J. B. Johnson M.D.

Address Addendum [illegible] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Sarah J. White

Died at Town Middletown County Frederick MARYLAND

Date 189 8 Month 12 Day 10 Age Y. 79 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of John H. White

Father's Name Peter Young Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Accident, Suicide, Homicide

Reported by Independent 12-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Myrtle Whitting

Died at Town: E. All Saints St County: Frederick Co MARYLAND

Date 1898 Month: Dec Day: 12 | Age Y. 6 M. D. | Native of: Frederick | Occupation

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary McCartonous Croup | How long sick about 24 hrs

Immediate Exhaustion | Accident, Suicide, Homicide

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Reported by W. G. McCormick

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65869

Name in Full Sarah Jane Young — Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1898 Month Dec. Day 10 Age Y. 78. M. 9. D. 27 Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Jno. W. White

Father's Name Peter Young Mother's Name Charlotte Geisinger

Cause of Death Primary Chronic valvular disease How long sick 4 days

Immediate Apoplexy 57 ~~Accident Suicide Homicide~~

Reported by J. E. Beatty M.D.

Address Middletown Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068